

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/936758

FILING DATE

APPLICANT(S)

BEST AVAILABLE CO.

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.			
1						51		
2	1					52		
3		1				53		
4		1				54		
5		1				55		
6		1				56		
7		1				57		
8		1				58		
9	①					59		
10	2					60		
11	2					61		
12	2					62		
13						63		
14						64		
15						65		
16						66		
17						67		
18						68		
19						69		
20						70		
21						71		
22						72		
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36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	2		↓			TOTAL IND.		
TOTAL DEP.	13	↔	↓	↔	↓	TOTAL DEP.	↔	↓
TOTAL CLAIMS	15					TOTAL CLAIMS		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS